

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U.S.C. 439 or 440

**For Official Use Only**

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

1 File Number U

2 Fiscal Year Covered From

1 / 1 / 04 Through 12 / 31 / 04

### 3 Name and address of person filing

Name JAIME YANEZ

P O Box Bldg Room No If any

Street 11346 E RAMONA BLVD

City EL MONTE

State CA ZIP Code + 4 91731

**4 Name, file number and address of labor organization**

Name ABUYER'S LOCAL 300

Labor Organization File Number **024-909**

P O Box Building and Room Number if any \_\_\_\_\_

Street 515 SHATTO PL

City LOS ANGELES

State CA ZIP Code + 4 9002

5 Position in labor organization FIELD REPRESENTATIVE

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

**A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.**

6 Name and address of Employer (including trade name if any)

Name \_\_\_\_\_

Trade Name if any

P O Box, Bldg Room No If any

Street \_\_\_\_\_

City \_\_\_\_\_

State  ZIP Code + 4 

7 a Nature of Interest Transaction or Income

7 b Amount.

**Signature**

**15 Signature and verification.** The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

**Signed**

On

Date: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name of Person Filing

JAIME YANEZ

File Number U-

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name if any)**Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 **9 Business deals with**

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

**10 If 9 b or 9 c. is checked give trust or employer's name**Name Trade Name if any P O Box, Bldg Room No if any Street City State  ZIP Code + 4 **11 a Nature of such dealing****11 b Approximate dollar value of such dealing** 0**12 a Nature of interest held or income received****12 b Amount.** 0**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)**Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 **14 a. Nature of payment.****13 b Is the Business an Employer** ☐ **or Consultant** ☐ ?**14 b Amount of payment.** 0